

ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

GEORGE A. AYDEN, M.A., M.D. (Camb.), Ph.D. (Birm.)
F.R.P. (Lond.) D.P.H. (Camb.)

INCLUDING THE REPORT ON THE
SPECIAL SCHOOLS,

BY

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

FOR THE

Year Ended 31st December, 1935.

*In accordance with circulars 576 and 596
of the Board of Education.*

BIRMINGHAM

Temple Printing Works, 168, Edmund Street.

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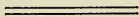
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*D. BUCHAN, M.B., D.P.H. Dental Treatment.
 *J. A. AINSWORTH, M.B., Ch.B. Tonsil and Adenoid Clinic.

*Part time Officers.

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SCHOOL MEDICAL OFFICER

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For the Year ended 31st December, 1935.

**ELEMENTARY, SECONDARY AND
NURSERY SCHOOLS.**

No changes of note have marked the work of the School Medical Service during the year under review.

The routine inspections of the three age groups specified by the Board of Education regulations resulted in the inspection of 41,300 children. To this number must be added the 6,905 pupils of Secondary Schools—making a total of 48,205 routine inspections. But in addition to this large figure there were 2,810 special inspections and 4,365 re-inspections of children in Elementary Schools, together with 214 special and 746 re-inspections in Secondary Schools. But these figures reveal only a portion of the work performed by the Assistant School Medical Officers, for to them must be added 35,503 special inspections and 51,044 re-inspections which took place in the clinics. For the Elementary Schools alone the grand total of 135,022 examinations during the year is reached.

The Dental Officers for their part made 110,554 inspections and treated 37,192 individual children from Elementary Schools.

Since the extension of the Dental scheme to Secondary Schools in October, 1935, 4,121 pupils have been inspected.

The average number of children on the Registers of Elementary Schools in December was 136,015. The School Attendance Department mid-year census shewed that the total number of children between the school ages of 5 and 14 in July, 1935, was 145,700.

No figures, however, can convey any true estimate of the value of the School Medical Service to the children of the City, for it is not the mere sum of children examined, or even treated, which measures the benefits conferred. The figures merely represent the foundation or framework upon which rest all the various activities, both municipal and voluntary, which exist for the maintenance or the improvement of health of the children. Inspection is but the beginning, and it is the processes which inspection sets in motion which offer the true criterion of its value.

So complete has been the change in the problem of the health of the school child in the last thirty years and so different are the conditions met with to-day in our schools, that the question arises whether the measures originally formulated to implement the Education (Administrative Provisions) Act, 1907 meet the needs of the school population to-day in the light of subsequent developments and new conceptions of national preventive medicine.

The position can best be understood by considering the origin and development of the School Medical Service.

At the beginning of the century the country was alarmed by the report of the Inspector of Recruiting that only two out of every five men who offered themselves for recruitment were physically fit to become efficient soldiers. It was abundantly clear that it was in childhood that the seeds were sown from which was reaped this great harvest of physical inefficiency in after-years. But there were no means of estimating the extent of the problem nor did any means exist of combatting the malign circumstances under which so many thousands of the children passed their days. The Infant Welfare Services were barely existent and except for the haphazard and wholly inadequate opportunities for treatment at the voluntary hospitals there was no provision for the treatment of the great mass of bodily defects in the Elementary School population which of necessity remained untreated. Accordingly amongst the recommendations of the Interdepartmental Committee on Physical Deterioration (1904) were two which dealt with the question :—

Recommendation 1. “With a view to the collection of definite data bearing upon the physical condition of the population, the Committee think that a permanent anthropometric survey should be organised.”

Recommendation 41. “The Committee are emphatic in recommending that a systematised medical inspection of children at school should be imposed as a public duty on every School Authority and they agree with the Royal Commission on Physical Training (Scotland) that a contribution towards the cost should be made out of the Parliamentary vote.”

Thus when the Education (Administrative Provisions) Act, 1907, was passed the first duty imposed upon local education authorities was *inspection*. But the revelations of medical inspection soon indicated the imperative need of extending the scope of their work to include the provision of facilities for treatment.

In the rapid development of the School Medical Service, though the routine methods of medical inspection have remained unchanged, its functions have fundamentally altered. The provision of facilities for treatment, whether by municipal or voluntary agencies, is now so extensive and these are so largely utilised by the parents, that inspection for the discovery of defects has assumed a very much less important place in the functions of the medical service. Hence the centre of gravity of its activities has now shifted from the school to the clinics, and these have now come to serve the same purpose as the out-patient Department

of a General Hospital to which the parents bring their children for consultation and the treatment of such ailments as can be treated through the School Medical Service.

The object of the Service is no longer the mere discovery and statistical enumeration of defects, or even primarily the attempt to secure their treatment; it is the maintenance of a close supervision of the health and well-being of the whole school population. This is not satisfactorily attained by periodic routine examinations of the children belonging to certain age-groups at intervals of three or four years. In actual experience these routine inspections, other than those of entrants, bring to light an exceedingly small number of defects whose existence is not already known, or which could not be discovered at less cost through other means. Furthermore, the statistics which result from these routine inspections do not give any true measure of the health and well-being of the child population as a whole. Further since medical inspection was instituted the establishment of a School Nursing Service has played an important part in the growing efficiency of the supervision of the health of the school child, and there is much work which has hitherto been carried out by the School Medical Officers which could now be done equally well by a fully trained and experienced School Nurse, which would free them for more specialised aspects of their work. Thus the primary examination in the schools of *all* children for defects of sight or hearing could be carried out as readily by the Nurse as the examination for verminous conditions.

Moreover, the development of the School Dental Service has taken away from the sphere of the School Medical Officers' examination another large class of defect. It may be pointed out that the dental service of inspection and treatment is not confined to age groups but covers the whole of the school population.

It is to be noted too that to-day all kinds of *ad hoc* examinations are now called for for various special purposes, because the routine examinations do not supply information of value for the particular circumstances. These *ad hoc* examinations include children for newspaper delivery, theatrical performers, intending teachers, nutritional surveys, candidates for or recipients of free meals, boarded-out children, children requiring remedial exercise treatment or ultra-violet light, rheumatic clinics and candidates for all kinds of special schools. Lastly, there is the important problem of an examination on leaving school which shall be of value in helping in the choice of employment. These are all specific examinations for specific purposes in which the training and experience of the School Medical Officer prove their value.

The time is ripe for a re-consideration of the whole scheme of medical inspection as laid down by the Board of Education and for the advocacy of a less rigid system than one which entails the medical examination of very large numbers of healthy children on the chance that some unknown defect may be discovered and subsequently treated. A medical examination of all children on their entrance to school must, of course, remain as an essential item, for it allows a consultation between the mother, the teacher and the School Medical Officer. But at this age the child is necessarily non-co-operative and the examination of the eyesight is not possible until the child has learnt to recognise letters, and therefore unless there are signs pointing to defect such as squint, there is a risk that eye defects are not discovered until the second examination

three years later. As a very large and increasing number of children have already passed through the Infant Welfare Clinics, a continuity of medical history should be obtainable which would materially add to the value of this examination. Similarly a final examination should be made with the specific object of forming an estimate of the capabilities or disabilities of each child for particular forms of employment. Such an examination would link up with the work of the Juvenile Employment Department and possibly also with that of the Certifying Factory Surgeon, but the present routine examination more than a year before the child leaves school is too early to give any really useful indications.

The relaxation of the rigid routine examinations and the abolition of the mid-group examination, would allow much more frequent opportunities for visits to the schools to search out and follow up ailing children and re-examine those who had been brought up for consultation at the clinics.

The supervision of children suffering from rheumatism or of tuberculosis contacts may serve as an example. By arrangement with the Dudley Road and Selly Oak Hospitals the name of every child who has been treated as an in-patient for acute rheumatism in its various manifestations, is reported to the Medical Department. These names are forwarded to the Assistant School Medical Officer concerned in order that the children may be kept under observation. Further a rheumatic register is kept in each clinic of all children brought up by the parents. These, together with the names of those children who are returned from Baskerville, form a fairly complete list of the known cases of acute Rheumatism, in the schools.

So too the names of all children who have been inmates of the Sanatorium for observation or treatment are reported and the same procedure is followed.

These children require more careful and regular supervision than is possible when they are presented for examination as special cases at the end of a session of routine examinations.

Another point to which attention may be drawn is that nearly all the children who attend the Remedial Exercise Clinic, from the Elementary Schools, for postural defects and flat foot, are those found at the routine inspections, so that there are many, especially amongst the elder children, who may be missed. These could best be discovered if the Remedial Gymnasts could carry out inspections in the Senior Schools when the children are taking their physical exercises, and feet inspections in the Junior and Senior Schools.

The expansion of the City has rendered provision of additional clinic accommodation within reasonable access to the larger housing areas a question of increasing importance. This question is now under consideration with special reference to the districts Harborne, Kingstanding, Northfield and Sheldon.

At the end of the previous year, Dr. Bracey Dale retired from the post as Anaesthetist which he had held since the clinic was opened in October, 1913. His place has been filled by the appointment of Dr. J. A. Ainscow, Anaesthetist to the Royal Cripples' Hospital.

The only other change in the Medical staff has been the appointment of Dr. D. M. James to the vacancy created by the resignation of Dr. D. Payton on her appointment as an Inspector of Home Office Schools.

The Children's Country Holiday Society has continued its valuable association with the Medical Department. 289 children were received at the Hadley Home, Conway, all of whom were recommended by the School Medical Officers. The parents are urged to take their children to a clinic for re-examination on their return. In addition to these, 1,579 children had a holiday in the country.

The main features of the treatment accomplished by the School Medical Service may be gauged from the following summary:—

Tonsil and Adenoid Operations	.....	1,292
Minor Ailments Treated	.....	20,861
Children treated for Dental Defects.....	.....	37,734
Mastoid Operations at Selly Oak Hospital	.....	12
" Short Stay " Operations at Selly Oak Hospital	.....	10
Children treated by Ionization (for Otorrhoea)	.....	310
Diastolization	.....	187
Refractions for Eye Defects	.....	3,855
X-Ray Treatment for Ringworm	.....	44
Ultra Violet Ray Treatment	.....	1,978
Examinations under Bye-Laws for Employment of Children	.....	2,748
Examinations for Theatrical Licences	.....	21
Examinations for Intending Teachers	.....	74
Examinations of Boarded-out Children	.....	535

NUTRITION.

No subject has attracted more attention during the past two years than that of nutrition, and on no subject is it more difficult to make clear and definite statements as to what the term and its opposite "malnutrition" connote. The problem is no new one, nor has its intricacy lessened, in spite of the marvellous improvement in social conditions which has marked the last thirty years. It may, therefore, be apposite to quote from the first Annual Report of the Chief Medical Officer of the Board of Education (Report for 1908, page 42), for the problem which confronts the School Medical Officer has never been better stated.

"There is no absolute standard of what is and what is not healthy nutrition, nor are there any definite criteria upon which to form a judgment.

The determination of the condition of nutrition cannot be estimated by the consideration of any one factor alone. An attempt is not infrequently made to express the quality of the nutrition of a child in terms of the relation between height and weight. The results obtained by this method are interesting and valuable, but they certainly do not of themselves give an adequate indication of the child's nutrition.

More important than any of these signs or indications of nutrition is an understanding and appreciation in the mind of the examiner of the child of what is included in this very broad term 'nutrition'.

There is, of course, the most obvious thing, the body frame-work, which we can measure and weigh; and there is the muscular system and the development of the physique of the child as such, and these are primary factors in determining nutrition. But they do not include all that must be thought of in forming an opinion, for it is evident that a child may have neither a comparatively large bodily frame nor a high development of its muscular system and yet be a well-nourished child. It is the digestive, excretory, circulatory and nervous systems in effective working order, which must be thought of as lying at the back of the signs we use for determining nutrition, a reasonable proportion between height and weight, a healthy skin, an expression revealing a nervous system in more or less full control, a red mucous membrane as a sign of good circulation, and an elastic and well-braced muscular system. Good nutrition stands therefore, in a strict sense, not only for a body of fair growth, plumpness and physique, but a body the various parts and functions of which are working together in harmony and precision, with due regard to the preservation of an even balance between in-take and out-put, maintained with a fair degree of stability and coincident with good health and high efficiency. It is obvious that these are matters impossible to determine by inspection except in a general and practical way."

In accordance with the circular of the Board of Education asking for a detailed report concerning the nutrition of the children examined in the routine age groups, the following results have been obtained.

<i>Age-groups</i>	<i>No. In- spected</i>	<i>Excellent</i>		<i>Normal</i>		<i>Slightly subnormal</i>		<i>Bad</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Entrants.....	14,367	392	2·73	12,396	86·24	1,355	9·46	224	1·57
Second Age-group	13,284	395	2·98	11,432	86·1	1,275	9·55	182	1·37
Third Age-group	13,649	502	3·67	12,102	88·69	936	6·84	109	·8
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	41,300	1,289	3·11	35,930	87·02	3,566	8·63	513	1·24

In addition to these figures there were 50 children referred by teachers as special cases. Of these, in 7 the nutrition was found to be "normal", in 35 "subnormal" and in only 8 cases was the condition described as "bad". In none was the nutrition described as "excellent". These figures substantiate the results of previous years as recorded in previous reports, and give clear evidence that in the City of Birmingham

there is not any marked incidence of malnutrition amongst the children attending the elementary schools. Thus 90 per cent. were found to have "excellent" or "normal" nutrition (the difference between these two classes does not appear to have any intrinsic value) and only 1.2 per cent. were classified as showing clear and definite evidence of real malnutrition. This figure in 1934 was 1.4 per cent. and 1.3 per cent. in 1933.

Herein lies the difficulty in any attempt to gauge conditions of nutrition by nutritional surveys which do not take cognisance of the environmental factors forming the background, and the hygienic standards of the home which form the frame, to the individual picture. Without knowledge of these factors it is impossible to determine the causes of Malnutrition. Moreover, in spite of all the recent advances in the interpretation of the physiology of growth, of food value, vitamins, calories and the like, so conservative are our dietetic habits that few people do more than pay lip-service to the new knowledge.

DISTRIBUTION OF MILK IN SCHOOLS.

The scheme for the distribution of milk under the Milk Marketing Board Scheme which came into operation in October, 1934, has developed. The accompanying table gives the numbers in receipt of milk on the 1st October, 1935.

The milk supplied is in all cases pasteurised, and the premises of the vendors are under the continuous supervision of the Health Department. Bacteriological examinations of samples are carried out regularly.

MILK IN SCHOOLS SCHEME (1ST OCTOBER, 1935).

<i>Type of School.</i>	<i>On Register</i>	<i>Receiving Milk under the Scheme of the Milk Marketing Board.</i>			<i>Receiving Milk under other Arrangements.</i>		
		<i>Free</i>	<i>For Payment.</i>	<i>Total</i>	<i>Free</i>	<i>For Payment.</i>	<i>Total</i>
Elementary	133,278	111	49,004	49,115	395	4,099	4,494
Special	2,308	575	579	1,154	2	125	127
Nursery	138	—	138	138	—	—	—
Secondary and other schools for Higher Education	6,384	—	1,951	1,951	—	30	30
TOTAL	142,108	686	51,672	52,358	397	4,254	4,651

DENTAL TREATMENT.

A slightly smaller number of children actually received treatment at the school clinics than in the previous year, i.e., 37,734 as against 40,482, but the percentage of those treated of those found to require treatment has gone up from 48.1 to 50.7 per cent. It will be remembered that a year ago the number of appointments made per session was reduced from 18 to 16. This reduction accounts for the drop in the numbers treated. There is also a rise in the proportion of permanent tooth fillings and a reduction in the extractions per 100 children. It is to be hoped that this rise will continue. It must, however, be borne in mind that the greater the number of children, the supervision of whom is allotted to a Dental Surgeon, the longer the period necessary to complete that supervision and the greater the number of extractions which will be performed, either on account of the increased length of the inter-treatment period or the pressure on his time at his treatment sessions.

At such a treatment clinic there are many other tasks involved besides that of actually treating the child in the dental chair; washing and drying his hands, instructions to the children, charting the results of the detailed examination of the mouth, and so on. These "overhead tasks" cannot be represented statistically but the time thus occupied in each session aggregates to a considerable number of minutes. If there are a considerable number of children to be seen during the session, an element of hurry is introduced which cannot fail to react upon the work as a whole. The Board of Education, basing their figures upon the experience of the whole country, "estimate that with a normal number of acceptances for treatment, a minimum standard should consist of one dentist for 5,000 children in an urban area, although this is insufficient where a high percentage of parents accept treatment for their children." In Birmingham the number of children per Dental Surgeon is much higher. This discrepancy will be to some extent diminished if the proposal to equip quasi-temporary buildings as dental sub-centres in three areas which are at a considerable distance away from the nearest School Clinic is carried out. The indifference to the existence of decay and to the need of cleanliness in the mouth is so deep-rooted that the growth of any scheme of conservative dental surgery must perforce be very slow. There are signs, however that this indifference is being overcome, but until there are adequate opportunities for dental supervision during adolescence, dental treatment is likely to continue to be considered, not as an important adjunct to health, but as a merely unimportant incident of school life.

TONSIL AND ADENOID CLINIC.

The total number of operations which have been performed at this clinic up to the end of the year is 30,272, the number of operations during the year being 1,922. There have been no cases which have given rise to anxiety. 1292

The Children's Hospital, through the Pathologist, Dr. J. H. Ebbs, has continued to give generous help in the examination of the blood reactions of children suspected of a tendency to undue bleeding—a precautionary measure of the utmost importance.

AURAL CLINIC, GREAT CHARLES STREET.

Some five thousand attendances for treatment were made apart from the children sent up from the various school clinics for the opinion of the Aural Surgeon. 310 children were treated by ionisation and 187 by diastolisation.

Mr. F. B. Gilhespy, Aural Surgeon to the Committee reports :—

“Twelve children with chronic, discharging ears, which had resisted treatment, were referred to Selly Oak Hospital for mastoid operations. I have also performed the Conservative Radical Operation on a number of children with attic suppuration. These children were taken into the Birmingham and Midland Ear and Throat Hospital.

There has been a very marked increase in the number of children sent to me suffering from nasal complaints. During the year thirty of these children received hospital treatment, the majority for maxillary antrum infection. In a good many of these children some further removal of adenoid tissue or tonsils was also required. Children with nasal obstruction and catarrh are now recognised as potential cases of nasal sinus infection and not always condemned to the removal of tonsils and adenoids as a routine without the sinuses coming under suspicion and treatment. Sinus infection in the past has not been sufficiently recognised, and the tonsil operation has been regarded as a cure-all for all nose and throat infirmities of childhood, with resulting disappointment to the parents and the disparagement of a very useful operation in selected cases. X-ray photographs of the sinuses are an invaluable adjunct to diagnosis and treatment. The recognition of Ethmoiditis for example, a particular form of sinus infection, in the early stages cannot be effected without the aid of a skiagram.

Quite a number of children with nasal discharge give a history suggesting that the complaint has started from the time that the Tonsils and Adenoids were removed. This is of course impossible at a later date to prove or deny, but undoubtedly in many cases if the Tonsils and Adenoids have been removed imperfectly at the first operation, the nasal discharge will often cease after a further careful dissection of the Tonsil remains and thorough removal of the Adenoids. I have found this class of case more prevalent the younger the child is done. Possibly also some recurrence of Adenoids may occur if there is a coincident unsuspected chronic Sinusitis. All cases of nasal discharge do not clear up by operation, for a constitutional or environmental factor often influences the question of ultimate cure.”

The question of the formation of an Audiometer unit for discovering children suffering from partial deafness is under consideration.

SPEECH TRAINING CLASSES.

Dr. Kemp who is associated with this branch of the work reports :

“The last few years have shown an increased public interest in the art of speaking, this being due in part, no doubt, to the extensive development of broadcasting. The population as a whole

is more critical of speech, and expects a reasonable standard of coherence. The Speech Training Classes are being used more freely by many parents who are anxious that their children should not be hampered in after life by any defects of verbal expression, and the value of the classes is fully recognised by teachers generally. Although some cases are not referred to the Centre as early as is desirable, on the other hand some parents are now, on their own initiative, bringing their children for opinion and possible treatment. A careful physical examination is a necessary preliminary to any work by the Speech Therapist, and it is also essential to obtain a full family history, and to explore the home atmosphere, for which purpose a home visit may be necessary. Generally speaking, the parents are quite willing to co-operate, and to correct any faults in management which may be pointed out. Although stammering remains the most common defect dealt with, there are numerous cases of delayed speech, lisping, and difficulty with particular letters.

Miss Rosser, the therapist in the Severn Street area, is able to report that her results this year are even better than last: for example the total number discharged as "provisionally cured" is 28 as against 13 for both centres last year. This is partly due to admission at an earlier age which became possible in 1933, and partly to certain alterations in method, e.g., it is now a usual practice, when the child reaches a certain stage of improvement, to decrease the number of attendances per week; this not only makes more gradual the transference from treatment to complete independence, but also by the suggestion of being "promoted" provides a new stimulus for the effort necessary to cover the last lap—often the most trying part of the course. After discharge, the children, if still of school age, usually attend the centre three or four times, at intervals of four weeks, to report progress; this helps them to realise their responsibility for maintaining the standard which they have already reached, and enables the therapist to prevent any slight relapse, which may have occurred, from becoming more serious.

A considerable amount of after-care work after the child has left school has been carried out. The final test of the success of the treatment, especially in the case of stammerers, lies in the ex-pupil's ability to play his part in the industrial world, and in the social life of his or her own sphere. It is intended that after-care investigations, with a view to estimating the measure of this success, should be made one year and again three years after leaving school. In addition to the home visit, it is frequently possible to arrange for an ex-pupil to make a personal call on the speech therapist, thereby providing a more reliable estimate of his or her condition than can be obtained from a parental report alone. A reasonably safe judgment can now be pronounced on 45 children who have left school after receiving treatment at these classes; 19 can be considered as cured, and a further 14 very much improved. The type of employment varies from factory work to duties in a University Engineering Department.

There have been further instances of former stammerers having forgotten that they ever suffered from the defect. Others having

completed treatment and being subsequently transferred to senior schools speak so normally that their teachers never suspected that they had ever stammered.

A further 20 cases of defects other than stammering were examined by Mr. Stockwin, L.D.S., in June and his findings strengthened the opinion expressed in our last report that "structural abnormality only provides a suitable field in which the seed of a speech defect may or may not be thrown by some psychological maladjustment.*

Various workers have pointed out an association between infantile speech and spelling difficulty, and we have ourselves noted that a number of stammerers gradually reveal spelling difficulties. It is difficult to estimate which of the two weaknesses was cause, and which was effect. In other words the question arises, did the stammer develop in an unconscious effort to hide the reading disability, or did the latter produce a sense of inferiority which led to the stammer?

The demand for treatment for a larger number of defects such as lisping, lalling, and delayed speech, all of which must be treated as young as possible, raises the problem of the position of the Speech Training Centre in relation to the schools served. An ideal solution perhaps would be to attach a speech training department to each school clinic."

Severn Street Speech Class—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
No. of names on Register, 1/1/35.			
Stammerers	60	7	67
Other Defects	11	5	16
	<u>71</u>	<u>12</u>	<u>83</u>
No. admitted during 1935.			
Stammerers	34	8	42
Other Defects	19	5	24
	<u>53</u>	<u>13</u>	<u>66</u>

RESULTS OF TREATMENT (in those discharged during 1935).

	<i>Stammerers.</i>	<i>Others.</i>	<i>Total</i>
Provisionally Cured	20	8	28
Much Improved	20	2	22
Slightly Improved	6	1	7
Failed to continue	5	5	10
	<u>51</u>	<u>16</u>	<u>67</u>

* In this connection it is interesting to note that Miss Joan Van Thal, Speech Therapist at the Royal Dental Hospital, London, in a paper read at the Second International Congress of Phonetic Sciences held in London in July, 1935, declared that she had reached a similar conclusion as the result of her researches.

The work in the Montgomery Street area has been interrupted for the last few months owing to the serious illness of the speech therapist. It is not possible, therefore, to include the figures from this Centre.

The speech classes under Miss Parsons at the Children's Hospital for children after operation for cleft palate, hare lip and other speech defects have been continued on the same lines as in previous years.

ORTHOPAEDIC SCHEME.

The Medical Department continues to work in close co-operation with the Royal Cripples' Hospital and the Warwickshire Orthopaedic Hospital, and a considerable number of children have been admitted for operation into both of these institutions.

The number of attendances at the Out-patient Department of the Royal Cripples' Hospital is very similar to that of previous years, as is seen in the following table.

<i>Classification.</i>	<i>Out-Patient Clinic.</i>		<i>Massage Department.</i>	
	<i>No. of Cases.</i>	<i>Attendances.</i>	<i>No. of Cases.</i>	<i>Attendance.</i>
Talipes, Club Feet, etc.	152	749	28	635
Congenital Deformities	56	186	14	356
Dislocated Hips	30	91	3	158
Spastic Paralysis	50	235	7	123
Infantile Paralysis	152	1,169	60	1,980
Birth Palsy	9	46	6	247
Rickets	128	363	34	917
Flat Feet	207	731	92	2,058
Scoliosis, Kyphosis, etc.	65	234	53	2,061
Fractures	11	51	1	12
Injuries	29	130	7	307
Amputations	6	40	—	—
Osteomyelitis	12	78	—	—
Arthritis	19	110	6	206
Perthes Disease, Synovitis, Kholers Disease	29	124	5	85
Unclassified	24	48	3	45
TOTALS	979	4,385	319	9,190

Average attendance per patient :—

Out-Patient Clinic	.....	4.48
Massage Department	.....	28.808

A very large number of children receive treatment at one or other of the three remedial exercise clinics (John Bright Street, Sheep Street and Sparkhill) for various forms of defect.

<i>Defect.</i>	<i>Admitted.</i>	<i>Discharged.</i>
Spinal Curvature and Postural Deformity	257	248
General Muscular Debility	82	90
Various forms of Paralysis	52	30
Deformities of Feet	464	423
Chest Conditions, Asthma, etc.	131	67
Injuries to Limbs	39	30
Wry Neck, etc.	16	13

In addition, 581 children attended the remedial exercise clinic for breathing exercises following the removal of tonsils and adenoids.

OPHTHALMIC CLINICS.

A larger number of children than in any previous year were examined during 1935 for defects of vision at the different clinics. Many of these were found not to require spectacles.

3,720 Elementary School children and 135 pupils of Secondary Schools, making a total of 3,855 children, were examined at the clinics, and for 3,492 of these glasses were prescribed. In addition 646 children obtained spectacles through other sources. These figures seem to betoken an increased appreciation of the importance of safeguarding the eyesight by the use of spectacles.

It must be remembered that the examination of eyesight at the routine inspections is carried out by means of the Snellen test types. These can only give a general estimate of the visual capacity and a subsequent examination at the clinic must be made before any true estimate of the degree of visual capacity and of the correction which may be required can be made. But the problem is complicated by the fact that until a child knows his letters the use of Snellen's test types is not possible. Hence there is some danger lest eye defects, unless accompanied by some noticeable defect such as squint, should not be discovered until the next routine inspection at eight years of age. To prevent this danger what is really necessary is a periodic general testing of the eyesight of all the children in attendance. At the routine inspections this test is always carried out by the Nurse, and with a sufficient staff, this process could be extended to cover the whole school population. Children who showed presumptive evidence of defective eyesight would then be referred to the school clinics for detailed examination. At present each Assistant School Medical Officer devotes two sessions each week to refractions, and the additional work involved would demand more time than can be given by the present staff.

In my last report reference was made to the new methods of treatment of squint by exercising the muscles of the squinting eye and securing thereby the active functioning of the retina by means of mechanical apparatus. Negotiations with the Eye Hospital have now been completed whereby a selected series of children from the Elementary Schools will be treated for fusion training. This treatment has been already carried out for some time past at the Eye Hospital and in a synopsis of 38 children from the Elementary Schools Mr. Archer Hall, Ophthalmic Surgeon to the Education Committee and Surgeon to the Birmingham Eye Hospital, reports highly satisfactory results.

Analysis of the tabulated records of these cases under orthoptic treatment at the Hospital, shows that out of 35, twelve, or more than 33.3 per cent. are cured. Of these, nine were totally cured with the development of full binocular and stereoscopic vision, and in these children, no operative treatment was performed.

In the other three cases which had straight visual axes, without full binocular vision, an operation had been performed before the treatment was commenced. These are termed "good cosmetic results".

Inspection of the other cases illustrates that good progress is being made by practically all the children towards the much desired state of straight eyes, together with full binocular vision.

At Great Charles Street Ophthalmic Clinic the types of defect for which spectacles were prescribed were:—

				MR. ARCHER- HALL.	DR. A. W. ALDRIDGE.
Hypermetropia	.....	.....	.....	122	224
Myopia	.....	.....	.....	42	64
Hypermetropic astigmatism	.....	.....	.....	225	184
Myopic astigmatism	.....	.....	.....	127	63
Mixed astigmatism	.....	.....	.....	14	6
				<u>530</u>	<u>541</u>

Total 1,071.

Fourteen children were transferred to the Birmingham and Midland Eye Hospital, and there treated for external diseases of the eye. At the same Institution, forty operations were carried out by Mr. Archer-Hall for Squint.

Twenty-one children were found to have such poor vision, or such a degree of myopia that education at one of the schools for part-sighted children was arranged.

Two children were found to be blind and were therefore certified as such to the Blind Institution.

SECONDARY SCHOOLS.

A notable addition to the facilities for obtaining treatment is the extension of the scheme for dental inspection which hitherto had been confined to the Elementary Schools. Dental treatment has been provided for some years for those pupils who could not readily obtain it elsewhere, but the number of pupils making use of this provision was comparatively small. The new scheme did not come into operation until the close of the year so that no figures are available for comparison with those of the Elementary Schools. During the year 542 pupils received dental treatment.

7,865 pupils were medically examined, and apart from defective eyesight and those minor postural conditions such as flat foot which are so general throughout the community that they can hardly be regarded as defects, the general health and physical development can be said to be satisfactory.

NURSERY SCHOOLS.

At the beginning of the year forty additional places in the total nursery school accommodation in the City were provided in the Nursery School in Derby Street, Deritend, by the Birmingham Nursery School Association. The total accommodation is thus 260 places.

The Education Committee has provided the part-time services of a School Nurse for this Nursery School, and from time to time children in attendance receive treatment from the School Dental Surgeon. It will be remembered that the children attending the Tiverton Road Nursery School, Selly Oak, are inspected by one of the Assistant School Medical Officers, and treatment, both dental and medical, is provided at Harborne Lane Clinic.

Dr. V. H. King has submitted the following report on the Nursery School in Summer Lane and the Nursery Classes held in Dartmouth Street.

Summer Lane, Dartmouth Street.

Accommodation	.....	74	64
Number on Register	.....	80	64
Average Attendance	.....	68	56

CASES OF INFECTIOUS DISEASE :

German Measles	.....	22	—
Measles	.....	6	4
Whooping Cough	.....	6	8
Chicken Pox	.....	17	3
Scarlet Fever	.....	4	—
Diphtheria		6	1

Number of Children failing to show satisfactory gain in weight		3	1
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Dr. King continues :—

“The general condition of the children at Summer Lane is excellent, and definitely superior to that of the children at Dartmouth Street. It is reasonable to believe that this difference is due in large part to the provision of the mid-day meal at the Summer Lane School. There is a striking difference in the two schools in the incidence of catarrhal conditions, and particularly of bronchitis, the number of cases at Dartmouth Street being four times as high as at Summer Lane.

The progress which the children make after admission is highly satisfactory. The condition of the very small number who fail to shew a satisfactory gain in weight may in each case be attributed to more unfavourable home conditions. These results are especially notable when it is realised that fully two-thirds of all the children admitted to these two schools shew evidence of malnutrition (using that term in the widest sense) at the time of entry.

It will be noted that Summer Lane Nursery School suffered more severely than usual from infectious diseases, whereas the incidence at Dartmouth Street has been very light. This observation raises the question whether the greater spaciousness and more definitely open-air conditions of the latter school has not been an important factor in this difference of infections in the two schools.”

At the beginning of the present year arrangements have been completed for the provision of a mid-day meal for the children in attendance at Dartmouth Street Nursery Classes.

Nursery School, Tiverton Road. Accommodation 60.

Dr. Alexander reports :—

“During my visits for routine examinations 71 children were examined, also one special case, and 18 re-examinations. Four children were found to require operation for Tonsils and Adenoids, two of whom underwent operation. One showed Squint and is under supervision at the Eye Hospital. Six had Bronchitis. Six showed other defects. Five children received Ultra Violet Ray treatment at the School Clinic. Cases of minor ear and eye defects and sores of all kinds are treated by the nurse at the school. Visits are made monthly to the school—to follow up the treatment of routine cases, and examination of any special cases brought forward. At these visits 28 special cases were seen.

The Head Mistress states that when the children have passed on to Infant Schools, they have been in excellent health, and the defects have been treated. A very considerable amount of dental treatment has been carried out at the school clinic.

There was a serious epidemic of Whooping Cough, and later of Measles among the children during the Spring and Summer terms, including four cases of Pneumonia. All made good recoveries. Convalescent treatment was arranged for two children, and holiday milk was supplied for the children of four families during the convalescent stage.

Children are admitted with careful consideration of any specially difficult home circumstances, e.g., desertion by the father, parents out of work, a tuberculous parent, another suffering from epilepsy, very large and very poor families being outstanding cases.

An only child who was highly nervous and terrified of other children, self-willed, and beyond the management of his mother, who has been ill following an operation, was referred by the Welfare Centre. This child is slowly becoming normal in his attitude.”

CAMP SCHOOLS.

The number of children who went to the Camp Schools was 2,459. There was no incidence of disease of any kind.

	<i>Bell Heath.</i>	<i>Blackwell.</i>	<i>Stansfeld.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>
No. of children participating	1,095	810	554
No. of schools sending children	32	29	14
No. of weeks the Camp School was open	41	38	41

From time to time advantage is taken of these schools to give a change of surroundings to a child who is shewing evidence of difficulty in meeting his home associations.

REMAND HOMES.

The transfer of the Summer Hill Receiving Homes from the Public Assistance Committee to the Education Committee has allowed a portion of this building to be used as a Remand Home for girls and the younger boys committed by the Juvenile Court to the care of the local Authority. This arrangement has many advantages arising from the fact that it is

readily accessible, and that being an institution for the reception of children from the Public Assistance Committee, the children can at once become members of the small community and enter into its daily life without differentiation and without reminder of the cause of their retention. There are, moreover, adequate facilities for medical supervision and nursing should this be required.

From 1st August to the end of the year 27 Home Office cases were examined by me there.

Boys' Remand Home, Moseley Road.

This Institution is also used as a Hostel for eight youths in addition to its function as a Remand Home. The addition of a large recreation shed has proved of very great value for the Remand boys and the Hostel boarders.

One hundred and nineteen boys were examined either on committal to an Approved School or on remand for a medical or psychological examination. In my report for 1931 I pointed out the malign influence exercised by the broken home in the causation of delinquency, and showed that in 200 consecutive cases appearing before the Juvenile Court there was a history of a broken home in fifty per cent. The figures for the last year are equally eloquent of the results of this sad factor. Of 114 boys whom I examined myself, 53 or 46.5 per cent. gave this history, but in addition there were twelve cases in which the home conditions were deplorably bad, including two fathers serving terms of imprisonment. These bring the percentage to 57 per cent. In addition to these seven other parents were invalid. The accompanying table gives the figures :—

Father dead	.....	20	Deserted family	.....	10
Mother dead	.....	15	Both dead	.....	4
Illegitimate	.....	4	Father invalid	.....	7
Bad home conditions	.....	12			
			TOTAL	.....	72

Youth is a period of emotional instability and unrest and the inevitable conflict between the individual instincts and desires and the social demands of a highly complex and organised community is rendered all the more intense if there is in addition any failure of satisfaction of the emotional needs. It is to be noted that in the series there were six stepfathers and ten stepmothers. The legend of the cruel stepmother is familiar to us all from the fairy tales of our nursery days. It is not, however, the fact of the presence of a stepmother which causes the difficulty in so many cases of juvenile maladjustment, for by far the greater number of step-parents are doing their utmost to supply to their step-children that love and caressing care of which the hand of death has robbed them. It is in the early experience of the child, its mother's or father's illness and the consequent rupture of those bonds which its dependence has forged, and the deprivation of those manifestations of affection for which every child craves, that the seeds of maladjustment are sown. Frequently too, the death of the parent means the temporary break-up of the home and haphazard and irregular attention. By the time the step-parent, more especially the stepmother, enters upon the responsibilities which she has undertaken the mental wound is deep and has already begun to shew its dire results.

Of the six abnormal physical conditions which were discovered, one was a case of Epidemic Encephalitis; one of Hyperthyroidism; one was very deaf; one had suffered a terrible mental shock, and two shewed exceedingly poor physique combined with mental retardation.

The Hostel at Copeley Hill, opened in November last, is a new venture in connection with Shawbury Approved School. This building has accommodation for thirty boarders, and is so planned that with a minimum of building alteration the accommodation can be doubled.

The Hostel is part of an experimental plan for dealing with boys who, in the opinion of the Magistrates, will profit by short term commitments. After spending about six months at the Shawbury Approved School the boys will be transferred to the Hostel and while resident there will go to work in Birmingham. They will thus be able to enter into industrial employment and to make contact with the general life of the community while they are under the jurisdiction of the Home Office. At the end of six months they will leave the Hostel and it is hoped they will have gained sufficient stability of character to enable them to return home and to settle down as normal citizens. The experiment will be watched with considerable interest both locally and nationally.

UNEMPLOYMENT AND TRANSFERENCE OF JUVENILE LABOUR FROM DEPRESSED AREAS.

During the past two years the demand for juvenile labour in Birmingham has been particularly strong with the result that the supply has been entirely inadequate.

In January, 1935, therefore, it was agreed, at the request of the Government, to endeavour to place in employment here selected juveniles from certain areas where conditions as regards opportunity of employment were bad. During the year, groups of such juveniles have been transferred from Liverpool, Glasgow, the Tyne-side and South Wales to Birmingham. Up to the present time the total number placed in employment has been 49 girls and 369 boys. A number of them for various reasons have returned home but the bulk have settled down and are progressing satisfactorily. The health of these has been satisfactory. Cases of minor illness, accidents, etc., are seen by me at the Education Office.

VERMINOUS CONDITIONS.

Since the beginning of the year a card index of all children found to be infested has been kept. This reveals the fact that 13,200 were so infested. This figure must not be taken to indicate that all these children are habitual harbourers of the parasite. The number of the chronically verminous families is not large, but they form a focus from which the infestation easily spreads to other children. The School Nurses made 416,184 individual examinations with an average of 11.2 visits to each school.

There is one satisfactory feature to report, viz.: the increased use which has been made by parents of the facilities for cleansing which are provided at each of the clinics, 535 compared with 215 in the previous year.

Seventy parents were prosecuted in respect of verminous conditions.

RINGWORM.

The incidence of Ringworm continues to be slight, only 89 cases having been discovered. Of these, 82 were treated through the school clinics after being seen by Dr. Russell Green. Of these, 44 were treated by X-rays, the remainder by other methods.

Twenty cases were treated by X-rays for other Local Education Authorities.

SCABIES.

There is still a considerable incidence of this parasite infestation, which remains more or less stationary from year to year. 549 cases were discovered, of which 398 were treated at one or other of the School Clinics.

VOCATIONAL GUIDANCE.

The experiment in vocational guidance to which reference was made in my last report has been continued by Dr. Mitchell and Dr. Payton, and subsequently by Dr. King. This will be the subject of a detailed report in due course but it may be opportune to mention here in general terms some aspects of the medical examination involved. Broadly speaking, the purpose of the investigation is to devise and prove methods which will render more accurate than at present the suiting of children to occupation on leaving school and thus to further the avoidance of occupational misfits.

So far these examinations have been carried out in two boys' schools, the number examined being 293, and certain tentative deductions may be drawn:—

- (1) The general adequacy of the present standard examination.
- (2) The desirability of carrying out the "leaver" examination within, at most, 6 months of the date for leaving school if this examination is to be of practical value in vocational guidance.
- (3) The desirability of making the following additions, at least, to any scheme of examination prior to entry into industry.
 - (a) Test of colour vision. Among the 293 boys examined, 23 (or 7.9 per cent.) were found defective in this respect. Defective appreciation of colour is an absolute bar to some occupations and in others would prove a serious obstacle to later advancement.
 - (b) A schedule of contra-indicated occupations. That used in the present investigation is slightly fuller than the schedule recently suggested by the Board of Education, and is as follows:—

(a) Prolonged standing
(d) evestrain
(g) climbing
(j) damp
(m) moving machinery

(b) prolonged sitting
(e) muscular strain
(h) dry hands
(k) outdoor work

(c) good hearing
(f) nervous strain
(i) exposure to weather
(l) dusty atmosphere

CHILD GUIDANCE CLINIC.

Dr. Burns, Director of the Child Guidance Clinic reports:—

“The Child Guidance Clinic has now been in operation for four years—a sufficiently long experimental period and it is therefore possible to take stock of the situation from two different angles, i.e., that of the supply of *suitable* cases and secondly the kind of results obtained.

With regard to the first question the following table shows that for the third year the total number referred was slightly less, but the number of unsuitable cases also dropped from an average of 44 for the first two years to the number of 16 for the third year.

<i>Year.</i>	<i>Total Number Referred</i>
1932-33	182
1933-34	171
1934-35	168

The total number referred for the year 1934-35 was divided up as follows:—

Cases accepted for treatment	101
Diagnostic Cases	24
Unsuitable or uneventuated	16
On Waiting List	27
	168

Besides these there were 50 cases carried over from previous years, making a total of 151 cases receiving treatment.

With regard to eventual results some indication has been obtained by a careful following-up of one hundred of the early cases and the results are tabulated below.

It is impossible to say, of course, how much of the improvement and stabilisation is due to the effect of Child Guidance treatment and how much to other factors, including the mere effect of growth. The number who were discharged after showing sufficient improvement, which comes to about 75 per cent. of the total, agrees however with the experience of other Child Guidance Clinics.”

The results of following up 103 cases accepted for treatment during the first year, 1932-33.

<i>Condition when Discharged.</i>	<i>In which improvement was maintained.</i>	<i>Relapsed.</i>
Much improved 64	59	5
Partially improved 24	17	7
Unco-operative or unsuitable 15	—	—
 TOTAL 103	 76	 12

Full Clinic treatment	74	
Referred to Residential O.A. School	13	
Clinic treatment, plus day O.A. School	4	
Referred to other agencies	5	
Sent to Approved Schools	7	
		103
Number at home, over 14, now working	22	
Number at home, under 14, attending school	73	
Number away from home environment	8	
		103

The following cases taken at random, illustrate the types of cases which come to the Clinic :—

E. H., Girl, age 14.

Referred for stealing, sex misconduct, and being unmanageable. Had a step-mother and a rascally father who were separated shortly after treatment started. The girl went to live with grandparents. After some months' treatment the girl's attitude was greatly altered, and she was finally persuaded to go to a Home for training, where she has done very well.

S. C., Boy, age 13.

Referred for being spiteful and bad tempered, also nervous and backward. The boy was found to be very jealous of a younger sister who was always being praised to his disadvantage. Explanations and advice led to rapid and permanent improvement.

J. C., Girl, age 9.

Referred for nervousness and staying away from school. When first seen this child was in a condition of definite hysteria, complaining that she was choking, drinking water night and day, and terrified of everything. Her condition was partly temperamental and partly due to constant discussions about illness at home, as well as excessive over protection from the mother. Treatment at the Clinic over some months led to gradual improvement, and she was finally persuaded to go to Residential open-air school to finish the cure.

D. B., Girl, age 13.

Referred for nervousness, backwardness and muscular inco-ordination. This girl had always been very retarded, was actually on the border-line of mental defect, and was so jerky in her movements that she could hardly use her hands for anything. She had an older sister who was very clever and capable, and had suffered from the comparison, to the extent of being thought incapable of anything at home.

By dint of encouragement and being taught to perform various actions with her hands at the Clinic, a marked improvement was noticed at home and at school, and the girl is now doing a light job in a factory.

H. T., Boy, age 12.

Referred for constant stealing since his mother's death two years ago. His father was a policeman, afraid of losing his job if the boy was convicted. The motive behind this stealing was obviously the boy's antagonism to the step-mother. While awaiting a vacancy at Hunter's Hill School the cause of his stealing was explained to him and there has been no further complaint. He did well at Hunter's Hill Open Air School, and is now at work.

J. H., Boy, age 12.

Referred for stealing money from a shop. On investigation it seemed very probable that this was an isolated instance and that stealing was very unlikely to occur again. This has proved to be the case and the boy is now at work.

The Clinic has had the honour of being the first of its kind to be recognised by the Board of Education for purposes of a grant, and is referred to in the latest Report of the Chief Medical Officer.

The services of the Clinic cannot as yet be officially extended to the whole of Birmingham, but more cases are being accepted from districts outside the official area, which comprises one third of the City. This policy of gradual extension will prove feasible in so far as only the more serious and difficult cases are accepted for treatment, otherwise the Clinic would be swamped with cases.

IMMUNISATION AGAINST DIPHTHERIA.

The progress of the immunisation of children against Diphtheria has been satisfactory. 89 schools were visited and 5,859 children received the complete treatment. Including children under school age the total number of complete treatments by the Health Department was 11,720.

Since immunisation was begun ten years ago approximately 72,000 children have been treated. During this period there have been only 36 cases of Diphtheria in children who have received the inoculations, and no deaths. These facts are all the more telling in view of the more serious type of Diphtheria—the so called *Diphtheria gravis*—which has been prevalent for the past two years in the City as in various other parts of the country. During the year there have been 1,144 cases notified with 84 deaths of which 80 were under fifteen years of age. The corresponding figures for 1934 were 79 and 74 respectively. None of these fatal cases had been immunised.

In order to get round the schools more quickly and thus to allow more frequent opportunities for the mothers of entrants to safeguard the lives of their children, attention is now being concentrated on the children under eight years of age. But the danger is equally great in the pre-school age, and parents cannot be too strongly urged to take advantage of the opportunities offered by the Infant Welfare Department before the children are admitted to school.

In this connection mention should be made of a short film taking 25 minutes which has been made by the Health Department to stimulate interest in the work. It is designed to show to parents the painless and simple character of the procedure, and the reverse picture of the result of absence of treatment. This is being shewn at Parents' Meetings in a number of schools.

ULTRA VIOLET RADIATION TREATMENT.

At the end of the year it was found possible to allot the part-time services of an additional nurse for this form of treatment, thus enabling a larger number of children to be treated, i.e., 1,978 compared with 1,581 for 1934. Even with this extra help it is not possible to treat all the children who are likely to benefit during the sunless winter months. The accompanying table gives a *résumé* of the types of defects for which the treatment has been prescribed and the results. It does not, however, include a large number of children who receive Ultra Violet radiation as a part of the treatment in Sparkhill and Sheep Street Remedial Exercise Clinics. It is unfortunate that lack of suitable accommodation has hitherto prevented its installation at John Bright Street Clinic.

	<i>Number Treated.</i>	<i>Cured or much Improved.</i>	<i>Improved.</i>	<i>No better.</i>
Debility	1005	539	396	70
Rheumatism	88	33	51	4
Chorea	13	8	4	1
Bronchitis and Asthma	437	208	194	35
Nasal Catarrh, etc. ...	103	57	35	11
Enlarged Glands	55	35	18	2
Otorrhoea and Deafness	17	6	6	5
Blepharitis and Conjunctivitis	34	23	8	3
Vomiting and Digestive Troubles	33	22	7	4
Chilblains	31	24	7	—
Alopecia	24	15	4	5
Impetigo	90	89	1	—
Other Skin Conditions ...	48	22	22	4
Total ...	1978	1081	753	144

One point which seems to emerge from the experience gained is that equally good results appear to accrue from radiation once a week as from radiation twice a week, if the treatment is carried out continuously and extended for three months. It is generally well to begin with two treatments each week and then to drop to a weekly treatment. This practice has the advantage that it allows the simultaneous treatment of twice the number of children, and entails a less tax on the time of the parents each week and less disturbance to the school attendance.

It is in the winter months that so many of the children seem to flag, but there is little doubt that Ultra Violet treatment offers less benefit to the child who is badly or insufficiently fed. The adequacy of vitamin content in the food seems to be a necessity if the full value of irradiation is to be achieved. Hence the value of radiation is often greatly enhanced by the simultaneous treatment with some preparation of cod liver oil.

During 1934-35 Dr. Mitchell has been investigating the value of a combination of remedial exercises and ultra-violet radiation in the treatment of recurrent bronchitis and asthma. These conclusions which he has drawn from his experience are summarised in the following report:—

“Since the cases dealt with are those occurring in the practice of a single Clinic, the numbers are not large, amounting to 27 asthma and 51 bronchitis.

Recurrent bronchitis or “bronchial catarrh.” In these cases there is frequently, if not usually, nasopharyngeal catarrh associated with, and probably dependent upon, septic tonsils and adenoids. Even after removal of the tonsils the attendant bronchial condition is slow in clearing up without assistance. In many cases the bronchitis dates from whooping cough or from measles, repeated attacks appearing to be favoured by the tonsillar sepsis. The history of these cases is that they are “always catching colds” and that “every cold settles on the chest”. There is thus considerable disability as well as much loss of school attendance.

Physical examination shows bronchitis of varying severity, in some instances slight fibrosis of the lungs and in two of these cases slight bronchiectasis. Owing to pressure of numbers in the Remedial Exercise Department only the more serious or more persistent cases have been taken, the others being dealt with otherwise.

The course of treatment must be prolonged, 6 or 8 months, but this is to be expected since it is not a matter of curing an acute disease but rather of influencing the constitutional reaction of the child. In cases of fibrosis or of bronchiectasis the course is still longer because the best we can hope to do is to lessen the associated bronchitis and perhaps prevent extension of the more serious condition.

Under treatment not only do physical signs disappear rapidly, but the resistance seems increased, as evidenced by lessening of severity and frequency of attacks, their ultimate disappearance and absence of any recurrence even when the patient catches a cold.

In this particular group 31 were boys and 20 girls; 40 were aged from 5 to 9 years, and 11 between 9 and 13 years.

Asthma. In all 27 cases the diagnosis had been made elsewhere and was only confirmed at the Clinic. All had had some form of treatment or were actually being treated. Where treatment was actually in progress the exercises and irradiation were carried out in concurrence with, or at the request of the private doctor. The

best results were obtained in those cases in which the attacks started as "colds", amelioration being less marked in those which seemed to be alimentary in origin. It is, however, unwise to be dogmatic in regard to asthma. The very best result was in a boy who was reported to react strongly to milk and chicken and had extensive eczema. Only long-standing and severe cases were taken because it was felt that the slighter cases might recover under the other treatment which they were receiving.

The results were :—

Excellent—9; attacks ceased and full school attendance resumed.
Good—12; attacks slight and at much longer intervals; full school attendance resumed.

Indifferent—5; no apparent effect upon the attacks.

Bad—1; in this case an attack seemed to be precipitated by each exposure to radiation and treatment was stopped.

It is possible that alteration in the blood consequent upon radiation may actually affect the child's allergic condition but attention must still be paid to all other factors. Thus in one case which was doing very well, with no attack for five months, severe asthma recurred on the day following the gift to the child of a pet rabbit. The rabbit was removed and attacks once more ceased.

In a large proportion of cases of asthma more or less bronchitis with some degree of fixed and "barrel" chest supervene sooner or later upon the purely spasmodic manifestations typical of the condition. Apart from any effect which exercise and radiation may have upon the allergic condition this line of treatment is of use in preventing or alleviating these commonly associated disabilities. Furthermore, specially graduated exercises assist notably in preventing or removing the anxiety and sense of inferiority so liable to develop in young asthmatics."

CHILDREN EXAMINED UNDER BYE-LAWS.

The number of children who apply to the Bye-Laws Department for permission to engage in the delivery of newspapers or milk, and therefore require a medical examination, shews a marked upward tendency, viz. :—

Year ending 31st December, 1932, examined	.....	1,794
" " " 1933	.....	1,915
" " " 1934	.....	2,417
" " " 1935	.....	2,748

The examination offers a safeguard against the employment of delicate children or of those who shew some condition such as Rheumatism, and gives an opportunity of urging the children to join some social organisation.

In addition 21 children were examined for theatrical licences.

COTTAGE HOMES.

The general health of the children in the two Cottage Homes has been good. There has been the usual amount of infectious disease which is inevitable in any aggregation of children of the susceptible ages.

The alteration to the Infirmary at Shenley Fields with the addition of Isolation Cubicles and central heating will, it is expected, be completed during 1936.

BOARDED-OUT CHILDREN.

The policy of boarding-out children proceeds as in previous years and with the same satisfactory results. The number of children thus brought into the contacts of an ordinary home is increasing, and at the end of the year there were 535 children thus maintained. At least once a year, frequently twice, and sometimes at more frequent intervals, these children are examined by me. This periodic examination proves to have great value, for in addition to the oversight of the children's growth and general progress it helps the foster-parent, who gains confidence from the consultation which it provides, and is helped by the feeling that her responsibility is shared, especially in those not infrequent cases where the child finds difficulty in adjusting itself to the conditions of home life. Very nearly every child who becomes the ward of the Local Authority does so because of adverse home conditions, broken homes and the like, and it is not therefore a matter of wonder that the number of "difficult" children amongst boarded-out children, who shew those behaviour reactions which are so liable to occur from such conditions, is very considerable.

Eye and ear defects, dental defects and other minor ailments are treated at the school clinics. In some instances where health conditions appear to demand it, children are boarded out in the country and sometimes near the sea. The improvement in the physical condition and nervous stability as shewn by satisfactory growth, and a greater independence and self-reliance is in most cases clear and definite.

PHYSICAL EDUCATION.

The accompanying report is given by Mr. MacCuaig and Miss Thorpe, Organising Inspectors of Physical Training.

"The physical training in the Birmingham schools during last year showed that this branch of education has been playing an ever-increasing part in maintaining good health amongst the school population.

The many developments in the organisation and teaching of modern physical training, which have been recorded in our previous reports, are being continued.

The new schemes of physical exercises and gymnastic training for Infant, Junior and Senior children in elementary schools have passed through the experimental period, the majority of teachers have had opportunity of attending training courses in the new schemes and the good results of the modern work can now be seen in the improved posture and general bearing of the children and in the decrease in the number of cases of mal-posture.

The acquisition and organisation of playing fields by the Committee ensure that almost every child over eleven years of age can have a period of Organised Games on grass once a week. The majority of children attend throughout the year except during December, January and February.

Special attention is being directed to the further development of swimming with a view to enabling as many children as possible to swim before they leave school.

The development of post-school recreative physical training in Junior and Senior Evening Institutes and in clubs, is an outstanding feature of the progress this year. It is encouraging to note that there is increasing enjoyment in the physical education provided at school and that many young people desire to continue regular exercise in some form or other after schooldays in order to improve in physical efficiency. There has been a marked development in the recreative physical training classes for adults, both at the Athletic Institute in the centre of the city and in branch institutes. Only the lack of central accommodation prevents further development at the present time. It is hoped that the time will soon come when every citizen in an industrial city such as Birmingham will appreciate the value of well directed exercise as a necessary health factor and that facilities will exist for people of every age, from Infant age upwards, to participate in some form of enjoyable physical training which will contribute to their physical, mental and social well-being."

A comprehensive and detailed account of the development and extent of the system of physical training and for organised games was given in the report for 1934. The total acreage of playing fields remains the same, viz. : 372 acres, which are used by some 56,000 children each week.

A striking contrast to the hopes expressed above by the Organising Inspectors and a strange commentary upon this large provision of fresh air facilities is the rapidly growing custom for children to travel to school by bus or tram for comparatively short distances even in fine weather.

The morning walk to school, apart from the happy social associations which it fosters, gives the child an opportunity of exercising its muscles, fills its lungs with fresh air, stimulates the circulation of the blood and invigorates the brain. The child arrives at school warm, eager, alert and exhilarated. Cool fresh air deepens the breathing and stimulates the lining of the nose and throat, including the tonsils, to healthy activity and thereby raises the defences against the invasion of the manifold forms of infection which are always present in any urban community.

In contrast, a journey by tram or bus to school, especially during the rush hours, deprives the child of these advantages and moreover packs the children into such close contact with one another under unsatisfactory conditions of ventilation that cross infections of all kinds are very likely. There is also a heightening of nervous excitement which is absent in the walk to school. The half-pence spent in bus and tram rides could better be expended upon the milk obtainable in school with enormous advantage to the children themselves. Physical exercises are devised to supplement and not to replace, as indeed they cannot, the natural activities of the growing human organism.

RHEUMATISM AND CHOREA.

Acute rheumatic conditions continue to produce a heavy toll of invalidity amongst the elementary school population, and is easily first as the cause of prolonged absence from school. What the actual incidence is, is a difficult question to determine as there is no means of a direct ascertainment of those cases which are under the care of general practitioners. Some years ago from data collected, I estimated that 1.4 of the children attending elementary schools suffered from some form or other of rheumatic affection. Professor Douglas Wilkinson in the Ingleby lectures at the University in 1935, writes:—

“Rheumatism as its chief result produces heart disease which leads to lessened physical efficiency, produces years of invalidism, and causes early death. Comparatively few of those who have cardiac damage as a result of rheumatism are going to survive to the age of 50 years, and the great majority will be chronic invalids. It is certain that there are in this country more than 50,000 children who have rheumatic heart disease, and not less than 100,000 persons who are cardiac invalids as a result of rheumatism.”*

As has been mentioned earlier in this report (page 8) the names of all children who have been admitted to the Dudley Road and Selly Oak Hospitals are forwarded to the Medical Department on discharge. During the year 235 were treated in Dudley Road Hospital and 63 in Selly Oak Hospital.

At the Children's Hospital 150 children were treated as in-patients. From the other Voluntary Hospitals there are no figures. Further, in each clinic a register is kept of all children shewing rheumatic conditions who are brought to the notice of the Assistant School Medical Officers. These total 1,084 for the year.

The association of Baskerville School with the Rheumatic Unit at the Children's Hospital is dealt with in the Special Schools section of this report, together with the experience which this Special School has provided.

Another institution which provides for the treatment of rheumatic children is Haseley Hall, which has now been opened for five complete years under the Society for the Care of Invalid Children. Excluding five re-admissions for relapses, there have been 172 children dealt with, of which 107 can be reported as completed cases. These cases have been kept under continued observation and the five years results are as under:

95 doing well; 5 relapsed, of which 3 are now doing well and 2 still under treatment. 6 have proved unsatisfactory and one has been lost sight of.

The lesson to be learnt from the experience thus gained is that institution treatment, if the best results are to be obtained, must be very prolonged in a large number of cases. Herein lies the great difficulty of the rheumatic child as a social problem. The number of cases so far exceeds the means for giving an adequately prolonged period of rest under truly hygienic surrounding that only a small fraction of the total number of cases which occur can obtain this essential. With the demand for beds for acute cases of illness the Hospitals cannot retain these cases for the requisite length of time. Nor indeed is hospitalisation necessary

*(The Lancet, August, 1935).

for a large number of these children—what is wanted is more accommodation of the character of Baskerville and Haseley Hall, where invalidism can be prevented by participation in a carefully regulated curriculum of educational supervision. Of the 107 Haseley Hall cases 92 were retained for twelve months or more. The results of the Invalid Children's Society's experience of boarding out children either in homes in the country or cottage hospitals point in the same direction—of 51 completed cases 30 stayed for twelve months or more.

The tragedy of the situation is that only those children whose hearts have not been seriously affected are eligible for treatment on these lines, yet as Professor Wilkinson has pointed out above there are 50,000 children in this country whose chances of a full enjoyment of life have been wrecked by rheumatic heart disease.

TUBERCULOSIS

Dr. Dixon, Chief Tuberculosis Officer reports:—

“During the year 1935, the number of children dealt with at Yardley Green Road Sanatorium was 198. Of these 105 were males and 93 were females.

Out of the 198 there were 103 who were admitted primarily for observation, 55 of which were discharged with no definite signs of Tuberculosis, and 48 remained for treatment.

Of the 143 who received treatment,* 81 were in Group I, 26 in Group II, 6 were in Group III, and 30 were in Group IV, i.e., were non-pulmonary cases. The non-pulmonary cases consisted of tuberculosis of the bones and joints, abdominal tuberculosis, peripheral glands, etc., and the majority of these children were treated in the artificial light clinic with excellent results.”

* Classification of Groups.

Group I.—Cases with slight constitutional disturbance, if any ; e.g., there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—either present in one lobe only, and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes, and should not extend below the clavicle and the spine of the scapula. No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this Group.

Group III.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery. All cases with grave complications (e.g., diabetes, tuberculosis of intestine, etc.), whether those complications are tuberculous or not, should be classified in this Group.

Group II.—All cases which cannot be placed in Groups I and III.

Group IV.—Patients suffering from non-pulmonary tuberculosis include :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (i.e., tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

The names of all children who are found to present signs of active tuberculosis are reported to the Medical Department, as also are the names of all children on discharge from the Sanatorium. These are then kept under continued observation at the clinics or if unable to attend school, are entered on a special register.

TUBERCULOSIS (ALL FORMS).

NOTIFICATIONS, 1935.

Ages.	Respiratory System.		Nervous System.		Intestines and Peritoneum.		Other Forms.	
	Cases notified.	Deaths.	Cases notified.	Deaths.	Cases notified.	Deaths.	Cases notified.	Deaths.
0	5	5	2	3	—	—	3	3
1	7	3	3	2	—	—	5	3
2—4	24	2	6	10	1	2	16	1
5—14	75	15	6	14	5	—	51	11
TOTALS	111	25	17	29	6	2	75	18

DEATHS IN CHILDREN AGED 5-15 YEARS.

The accompanying table has a very great interest from the fact that, being a survey over the whole post-war period, it allows some kind of estimate of the progress of preventive medicine.

Though during this period there has been a progressive fall in the birth rate, there has been *pari passu* a fall in the infant mortality rate, so that there is probably little significant difference in the number of children at risk during their school life. The death rate in the decade 5-15 years is the smallest of any age period and therefore it would appear valid to see in the reduction in the figures (making due allowance for cyclical variations in the incidence of various infections) clear evidence of a general improvement in the health and well-being of the child population.

CONCLUSION.

Concluding this Report on the main activities of the School Medical Service, the generous help of many persons should be recorded. School Attendance Officers, Juvenile Welfare Workers, Visitors of Boarded-out Children, Teachers, and Voluntary Workers, have all given unstinted help.

DEATHS OF CHILDREN AGED 5-15.

CAUSES OF DEATH CHILDREN 5-15	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Measles	8	24	19	11	5	13	5	9	2	8	3	16	6	22	3	6	5	6
Scarlet Fever	7	24	40	16	11	18	7	7	4	3	1	3	9	4	4	10	3	3
Whooping Cough	10	3	8	5	7	0	2	4	8	2	4	7	6	4	7	2	2	2
Diphtheria	87	63	95	64	49	60	51	39	64	37	38	41	34	36	17	15	46	54
Influenza	223	42	25	2	6	6	8	10	2	9	4	14	2	2	4	6	4	5
Pulmonary																		
Tuberculosis	52	31	26	25	22	24	17	23	16	17	10	18	13	13	16	8	6	14
Tuberculous																		
Meningitis	20	19	9	15	15	13	12	20	13	18	13	7	11	15	12	14	8	15
" Peritonitis																		
& Intestines	9	16	5	6	7	6	3	5	6	9	1	6	2	3	0	1	3	0
Other Tubercu- lous Diseases	21	17	17	7	7	12	4	9	5	11	8	4	5	6	10	9	6	9
Rheumatic Fever	10	9	17	8	14	13	17	22	24	21	17	18	26	18	24	17	35	20
Cerebro-Spinal Fever	4	2	3	0	3	0	0	0	0	1	2	2	2	1	1	1	1	1
Heart Diseases	27	41	30	28	31	24	21	25	27	14	22	22	13	11	9	9	10	2
Bronchitis	10	11	5	3	4	5	0	4	3	6	1	3	0	0	1	1	1	0
Pneumonia	91	56	49	46	36	31	25	31	35	34	23	26	16	24	18	19	22	13
Appendicitis	16	25	20	20	15	13	14	13	11	10	13	10	9	9	7	12	7	11
Accidents	57	44	43	29	24	32	25	40	43	28	46	58	51	40	43	45	41	38
All Other Causes	86	99	110	89	80	99	88	79	89	96	78	104	77	66	96	92	90	70
TOTAL	738	526	521	374	336	369	299	340	352	324	284	359	282	274	272	267	290	263

SPECIAL SCHOOLS SUB-COMMITTEE, 1934-35.

Councillor Miss SANT, M.A., J.P. (*Chairman*).
Mr. Alderman W. B. KENRICK (*Ex-officio*).
Alderman Dr. W. B. FEATHERSTONE, J.P.
Mr. Alderman T. QUINNEY, J.P.
Councillor Mrs. CLARKE.
Mr. Councillor H. JOHNSON.
Councillor Miss KENRICK.
Mr. Councillor W. J. LOXLEY, J.P. (*Died January, 1935*).
Mr. Councillor F. MOUNTFORD (*Appointed April, 1935*).
Mr. Councillor J. N. SPALTON.
Councillor Mrs. WILLS, J.P.
Mr. Councillor V. F. YATES.
Miss E. M. BARLING, M.B.E.
Miss J. DAVID.
Mr. E. F. FREELAND.
Mrs. BARROW CADBURY, J.P.

CHIEF EDUCATION OFFICER:

P. D. INNES, M.A., D.Sc.

CLERK TO SUB-COMMITTEE:

H. B. NEWSOME.

INSPECTOR OF RESIDENTIAL AND SPECIAL SCHOOLS:

ELIZABETH L. S. ROSS, M.A., B.Ed.

SPECIAL SCHOOLS MEDICAL OFFICER:

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

OPHTHALMIC SURGEON:

H. W. ARCHER HALL, D.O.

ORTHOPAEDIC SURGEON:

F. WILSON STUART, M.D., Ch.M.

VISITING MEDICAL OFFICERS:

Cropwood and Hunter's Hill Schools: MITCHELL I. DICK, M.B., Ch.B.

Consultant Medical Officer, Baskerville School:

W. CAREY SMALLWOOD, M.B., Ch.B., M.R.C.P., M.R.C.S.

SPECIAL SCHOOLS.

ANNUAL REPORT OF THE SPECIAL SCHOOLS MEDICAL
OFFICER, CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.,
FOR THE YEAR ENDED 31st DECEMBER, 1935.

MEDICAL INSPECTION AND TREATMENT.

Routine Medical Inspections of children in attendance at the Special Schools have been held during the year 1935 under similar conditions to those in operation during previous years.

The total number of children examined was 1,612, compared with 1,321 in the previous year. These numbers relate to general medical examinations of the Partially Sighted, Deaf, Mentally Defective, and Physically Defective children in attendance at Day Schools. They do not include the children seen at the more frequent visits paid to the Baskerville Residential School, and the Day and Residential Open Air Schools.

Children who required treatment for minor ailments, operations for the removal of tonsils and adenoids, or for defects of vision, were referred in the usual way to the school Clinics. Those children calling for exceptional treatment have been referred to City Hospitals.

BASKERVILLE RESIDENTIAL SCHOOL.

Since a closer association was established between the work of this school and the Children's Hospital, it has been possible to admit a larger proportion of cases after their first attack of rheumatic carditis, and it is found that the results are satisfactory with a shorter stay in Baskerville. The average length of stay is now about nine months. Only time will show whether this is sufficient, and it will be possible to keep a close check on the results since every child who has been through the school is now seen at three-monthly periods at the Rheumatic Clinic.

The chief problem at the school itself is still that of epidemic tonsillitis, but it now seems on the way to a solution. By longer periods of bed in isolation, the administration of aspirin for three weeks, and above all the immediate recognition of the condition through taking temperatures of all cases twice daily, it has been possible to reduce the gravity of the after-effects. The boys' dormitories, which were not sufficiently ventilated or lighted, have now been considerably improved by the insertion of french windows. Lack of facilities for isolation, however has been one of the chief problems, but this is now to be overcome by the building of a complete isolation block, with accommodation for 9 boys and 7 girls; this should ensure that the school will now be completely equipped for its purpose.

Re-examinations of former scholars who left the school between Xmas, 1929, and Easter, 1932, were held on two evenings in order to allow those to come who are already at work. The results on the whole were gratifying, as shown in the following table.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Examined	16	22	38
Classified as very satisfactory	12	12	24
Classified as satisfactory	3	7	10
Classified as not satisfactory	1	3	4

SCHOOLS FOR THE PHYSICALLY DEFECTIVE.

Mr. Wilson Stuart, the Orthopaedic Surgeon, has supplied the following report on the orthopaedic work undertaken at the two Day Schools for the Physically Defective:—

“During the year, five inspections were held at Little Green Lane and George Street West Schools for the Physically Defective: 97 children were examined at the former, and 62 at the latter.

The following treatments were prescribed and carried out by the masseuse:—

LITTLE GREEN LANE.

No. of children treated.....	45
No. of attendances	2,101

TREATMENTS GIVEN.

(a) Radiant Heat	1,803
(b) Electrical Stimulation to muscles	483
(c) Massage and exercises	1,804

GEORGE STREET WEST.

No. of children treated.....	37
No. of attendances	2,555

TREATMENTS GIVEN.

(a) Radiant Heat	383
(b) Electrical Stimulation to muscles	749
(c) Massage	866
(d) Exercises	557

Good work continues to be done by the masseuses at both schools, as shown by the physical improvement in the cases entrusted to their care.”

SCHOOLS FOR THE MENTALLY DEFECTIVE.

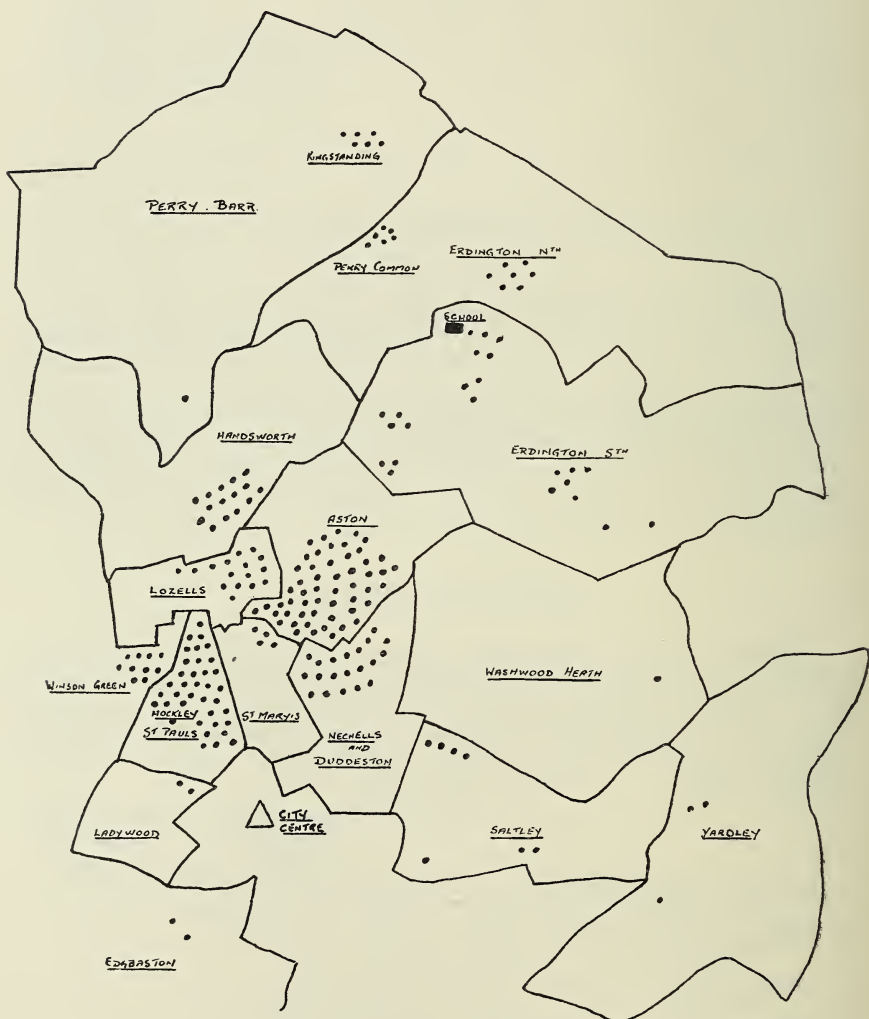
In previous reports the chief stress has been laid on the necessity of better provision for the physical welfare of these children, particularly with regard to nutrition. Towards the end of the year it was agreed to reduce the charge for the mid-day meal at the schools from three pence to two pence, as this was considered preferable to a sliding scale, which would involve too much administrative detail. It is a sad reflection on the economic stringency under which so many of these families exist, that one penny should make all the difference between a child getting a good hot meal, and a bad cold one, but from the beginning of its inception the scheme has resulted in a considerable increase in the number of dinners taken. This no doubt is partly due to the propaganda undertaken at the same time. The scheme for a cheaper provision of milk has also greatly increased the number of children bringing their halfpennies for this purpose (it is only occasionally that they succumb to the temptation of buying sweets with them instead). It must be our aim to ensure that every child in the Special Schools is getting this extra milk, which is so vital to good physical development, as well as that no child should continue to eat those grisly "pieces" that have taken the place of dinner for too many in the past. A disturbing feature noted in several cases who are in receipt of free dinners is that these are among the worst nourished, and this only proves that one good square meal in the day is not enough for a growing child, if the other meals consist mainly of tea, white bread, margarine, and possibly imitation jam or cake. Free milk must be supplied to such cases when necessary, and one wishes that cod liver oil or some Vitamin food could be supplied in addition.

OPEN AIR SCHOOLS.

There is no need in this year's report to make mention of individual schools, for both the residential and the day Open Air Schools continue their beneficent activities without any notable differences from previous years. The question of a sufficiency of places is an important one for a still growing City and the waiting lists shew the situation at present (March, 1936).

	<i>Certified and awaiting admission.</i>	<i>Recommended but not yet examined.</i>
Hunter's Hill Residential O.A. School for Boys, Blackwell	19	32
Cropwood Residential O.A. School for Girls, Blackwell	26	39
Marsh Hill Day Open-Air School (Mixed), Erdington	—	29
Uffculme Day Open-Air School, (Mixed), Moseley	1	98

The adequacy or otherwise of the places available depends, however, on several variable factors—apart from such remote factors as increase or decrease of population. One of these is whether all or most of the cases who would benefit most by an Open Air School regime are actually put forward. The standard adopted as regards suitability may vary greatly and it is difficult to estimate whether many more children should

MARSH - HILLOPEN - AIRSCHOOLONE DOT REPRESENTS ONE CHILD

be put forward than is actually the case; in a sense it might be true to say that a majority of town children should attend this type of school. It is not only the fact of their being "open air" that constitutes the difference between this type of school and others, but mainly the balanced regime of rest, diet, physical training and work. Another point of great importance from the point of view of the future is that a considerable proportion; at least 80 per cent., of cases, are entirely or mainly victims of bad environment and poverty. As it is hardly possible to suppose that the paradox of poverty amid plenty is going to be maintained very much longer, at least in respect of the primary human needs, it seems reasonable to suppose that a large number of such cases will be prevented. Part of the problem of "malnutrition" and bad environment is doubtless that of infectious fevers and their sequelae, and this again should prove a preventable factor in the future. The causes through which children become candidates for open air schools lie for the most part in the environment, and this is not a matter of opinion or fancy, as is to be seen by making "spot-maps" showing the number of cases coming from different areas of the City. The spots are obviously thickest where slums are worst.

Another point in this connection which attracts one's attention in the case of the Day Open Air Schools, is the inadequacy and unsuitability, not to mention the dirt, of the clothing of some children; also the apologies for shoes and boots which many of them wear, so that on a wet day, part of the morning is spent in getting the children as dry as possible before they are fit to start school. The good results which are nevertheless obtained in these schools are proofs of the soundness of their method, and also of the efforts of their teachers.

A valuable approximation to the advantages of a residential school is furnished by the arrangements for sleeping-in during the summer months at the Day Open Air Schools, as the following reports will show.

MARSH HILL OPEN AIR SCHOOL.

Forty boys slept at the School from Monday to Thursday nights, between May 27th and the end of September.

The selections were made as far as possible from those having the poorest home conditions and living at the greatest distance from school.

The progress of these children as compared with that of those travelling backwards and forwards each day was marked by a greater increase in weight and a livelier interest in both work and play. In most cases the progress has been sustained throughout the winter.

In response to many requests from parents it is hoped to select forty girls for "sleeping-in" during the summer of 1936.

UFFCULME OPEN AIR SCHOOL.

Forty children from poor and overcrowded homes slept in between May 1st and September 30th, going home every weekend. Of these, 30 were boys and 10 were girls.

A play-centre leader organised play in the evenings, and at night two attendants slept with the children under the shed which was open on three sides.

The children were happy and contented, and 36 stayed throughout the period. They all improved appreciably in vitality, but, although the average weight gain was 5 lbs. in 5 months, individual weights varied considerably. Only one child lost weight and one remained static, while one girl gained 11 lbs.

It is interesting to note that the average gain in weight during the following months while the children were sleeping at home, was only $\frac{3}{4}$ lb. in 4 months. On the other hand, this group of children has been very free from colds during the winter, only 3 children having short periods of absence on account of colds.

THE SCHOOLS FOR PARTIALLY-SIGHTED CHILDREN.

Mr. H. W. Archer Hall, D.O. (Oxon.), has furnished the following report on his work in connection with the Day Schools for the Partially-Sighted at Edgbaston, Moseley Road, and Whitehead Road:—

“The above schools have each been visited for inspection on three or four occasions during 1935. At these visits, children have been selected by me for examination by refraction and other methods, at the Great Charles Street School Clinic.

In this way 129 examinations of partially-sighted pupils were conducted at 12 half-day sessions.

During the year, 21 children were recommended as unfit for ordinary sighted education, so their names were brought forward for admission to one of the three part-sighted schools. The above were discovered at my usual clinics for sighted children.

The following admissions and transfers were effected during the year:—

	Boys.	Girls.
EDGBASTON DAY CLASSES.		
ADMISSIONS	3	4
LEAVERS :		
Left City	—	1
Left—age 16 years	—	1
MOSELEY ROAD P.S. SCHOOL.		
ADMISSIONS	5	7
LEAVERS :		
To P.D. School	1	—
Left—14 years	2	2
To Elementary Schools	1	3
Excluded as ineducable	1	—
WHITEHEAD ROAD P.S. SCHOOL.		
ADMISSIONS	6	8
LEAVERS :		
To Edgbaston Day Classes	2	2
To Sanatorium	1	—
Left—aged 15 years	1	—
Left—aged 14 years	2	7
To Elementary Schools	3	—
Excluded temporarily	1	—

SUMMER SCHOOL FOR DEFECTIVE CHILDREN.

The new premises at Towyn—now known as Martineau House—were officially opened for use as a seaside Summer School by the Chairman of the Education Committee (Mr. Alderman Byng Kenrick) on the 12th July, 1935. A bronze tablet in the hall of the house was unveiled, the inscription on which reads as follows:—

“This house was purchased in February, 1935, from moneys partly provided by a bequest from the late Councillor Clara Martineau and partly by the subscriptions of colleagues and teachers in recognition of her devoted services to these children and as a memorial to her.”

The acquisition of these permanent premises for a Summer School marks an important step in the provision made for the defective children of Birmingham.

It is difficult to over-estimate the benefits, both educational and physical, derived by the children whom it is possible to send there. It must be remembered that many of them come from homes in very poor districts of the City and enjoy for the first time the advantages of life in a delightful environment. Eight groups of 24 children from the Special Schools went into residence between May and September, each party remaining there for 13 days. In addition, two groups of girls, 47 in all, from the Shenley Fields Cottage Homes, spent their Summer holidays there in August, each remaining for a period of 10 days. Two teachers accompanied each group from the Special Schools, with the exception that in the case of one of the Cripple Schools a teacher and a nurse formed the accompanying staff. The rest beds provided this year were greatly appreciated, for rest periods could be taken out of doors much more frequently than was possible when the children had to lie on the ground.

The health record of the children was very good, although a few cases required treatment for chills.

The plan of educational work was carried out on much the same lines as in previous years, and all the groups had one whole day's motor trip. Most of the children visited the Slate Quarries and a small woollen mill, and some had sufficient private funds to enable them to get to Harlech Castle. Nearly all visited a neighbouring farm, where they were shown much of interest.

It is pleasant to note that the Summer School is well established with the townspeople of Towyn, many of whom are exceedingly kind to the children, and spare no pains in showing them things of interest.

Thanks are again due to the House Mother for the sincere interest and enthusiasm she showed in carrying out of her duties, and to the Head Teachers and staffs of the Schools for their personal help in the work of organisation and in providing clothing and equipment for many of the poorer children.

The following Table gives certain statistical information with regard to the children who took part in the Summer School:—

TOWYN SUMMER SCHOOL, 1935.

<i>Period.</i>	<i>School.</i>	<i>Departm't.</i>	<i>Sex.</i>	<i>Number days without rain.</i>	<i>Children who gained weight.</i>		<i>Number who gained over 4 lb.</i>
					<i>Number.</i>	<i>Average Gain.</i>	
May 8th—21st	Burlington Street	M.D.	Girls	7	23	lbs. 3 ozs. 3	6
May 22nd—June 4th	Gem Street	M.D.	Boys	7	22	2 13	3
June 5th—18th	George Street West	P.D.	Boys	5	24	3 12	8
June 19th—July 2nd	Hamilton Road	M.D.	Boys	3	19	1 11	Nil
July 3rd—16th	Little Green Lane	P.D.	Boys	9	24	3 2	7
July 17th—30th	Little Green Lane	M.D.	Boys	9	24	2 13	2
Aug. 28th—Sept. 10th	Ralph Road	M.D.	Girls	9	24	1 11	Nil.
Sept. 11th—24th	Gem Street	Deaf	Boys	2	24	3 8	9

35 children gained over 4 lbs. in weight.

STATISTICAL INFORMATION.

The usual particulars with regard to the number of children entering or leaving the various types of Special Schools during the year in question are given below :—

DAY SCHOOLS FOR THE MENTALLY DEFECTIVE (Accommodation, 1,213—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	.....	467
No. certified as mentally defective	.....	314*
No. to remain at Ordinary Schools	.....	109†
No. temporarily excluded from school attendance	.....	13
No. certified as ineducable	.....	25
No. to stay at School for Deaf	.....	1
No. to stay at Open Air School	.....	1
No. to stay at Baskerville	.....	3
No action. Over 14 years of age	.....	1

* Includes 8 for "Ascertainment" purposes only. Also includes 1 certified for Residential School.

† Of these, 74 were to be seen again later.

PERIODICAL EXAMINATIONS.

Children allowed to leave School in order to take up employment at 14 years of age	.....	17 (a)
Children allowed to leave School in order to take up employment between 14 and 15 years	.....	47 (b)
Children allowed to leave School in order to take up employment between 15 and 16 years	.....	84 (c)
Children leaving School at the age of 16	.....	28 (d)
Children excluded from School as unable to derive further educational benefit	.....	49
Child transferred to Day Open-Air School	.....	1
Children to be temporarily excluded from school attendance	.....	6
Children certified for Monyhull Residential Special School	.....	9

(a) Of these children, 1 was de-certified; and 7 were reported to the Local Authority for Statutory Supervision.

(b) Of these children, 5 were de-certified, and 30 were reported to the Local Authority for Statutory supervision.

(c) Of these children, 44 were reported to the Local Authority for Statutory Supervision, and 35 had previously been so reported. Of these 84 children 56 left School during the term preceding their sixteenth birthday, and 1 was de-certified.

(d) Of these children, 20 were reported to the Local Authority for Statutory Supervision, and 8 had been so reported previously.

WAITING LIST.

The following list indicates the number of children who, at December 31st, 1935 had been reported with a view to their admission to the various M.D. Schools but who awaited examination :—

Bristol Street School	.....	25
Burlington Street School	.....	37
Fashoda Road School	.....	4
Gem Street School	.....	97
George Street West School	.....	27
Hamilton Road School	.....	4
Little Green Lane School	.....	88
Ralph Road School	.....	19
Sherbourne Road School	.....	25
		326

DAY SCHOOLS FOR THE PHYSICALLY DEFECTIVE (Accommodation, 220—Boys and Girls).

ADMISSION EXAMINATIONS.

Number of children examined	.....	68
Number certified for admission	.....	54*
Number temporarily unfit for school attendance	.....	8
Number deferred for reports from Hospital	.....	3
Number to remain at Ordinary Elementary School	.....	1
No action. Over 14 years of age	.....	2

*Including one for Residential School.

PERIODICAL EXAMINATIONS.

Children to leave for work between 14 and 16 years of age	.....	26
Children transferred to ordinary schools	.....	6
Children transferred to Day (M.D.) Schools	.....	3
Children excluded as temporarily unfit to attend school	.....	1
Children excluded as ineducable	.....	6
Child transferred to Forelands Recovery School	.....	2
Children permanently excluded	.....	3
Children leaving at 16 years	.....	10*
Number where decision was deferred for examination at Hospital	.....	2
Children transferred to Baskerville Residential School	.....	4

* 1 certified as M.D. for "ascertainment" purposes.

BASKERVILLE RESIDENTIAL SCHOOL FOR THE PHYSICALLY-DEFECTIVE (Accommodation, 90—Boys, 42 ; Girls, 48).

ADMISSION EXAMINATIONS.

No. of children examined	.....	97
No. certified for admission	.....	77
No. to remain at Ordinary Elementary Schools	.....	11
No. to remain at School for Deaf	.....	1
No. to remain at O.A. School	.....	4
No. temporarily excluded from school attendance	.....	3
No. referred to Hospital	.....	1

PERIODICAL EXAMINATIONS.

Children fit to leave between the ages of 14 and 16 years	.....	9*
Children transferred to Ordinary Schools	.....	60
Children transferred to Day (O.A.) Schools	.....	2
Children transferred to Day (P.D.) Schools	.....	14
Children transferred to M.D. Schools	.....	2
Child transferred to Forelands School	.....	1
Child transferred to Secondary School	.....	1
Child transferred to Partially-Sighted School	.....	1

The average length of stay at the School of the children referred to above was ten months.

* One certified M.D. for "ascertainment" purposes.

OPEN AIR SCHOOLS.

UFFCULME DAY O.A. SCHOOL (Accommodation, 120—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	.....	67
No. certified for admission	.....	61
No. to remain at ordinary Elementary Schools	.....	4
No. temporarily excluded from School attendance	.....	1
No. referred to Hospital	.....	1

PERIODICAL EXAMINATIONS.

Children who improved sufficiently to be transferred to ordinary schools	.....	24
Children who left at 14 years of age, whose physical condition was satisfactory	.....	19*
Children transferred to Cropwood Residential Open-Air School	.....	8
Children transferred to Hunters Hill Residential O.A. School	.....	12
Children transferred to Baskerville P.D. School	.....	2
Children transferred to Schools for the M.D.	.....	8
Child transferred to Monyhull	.....	1

* One certified M.D. for ascertainment purposes.

The average length of stay at the School of the children referred to above was 18 months.

MARSH HILL DAY O.A. SCHOOL (Accommodation, 200—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	.....	162
No. certified for admission	.....	147
No. to remain at ordinary Elementary Schools	.....	13
No. referred to Hospital	.....	1
No. temporarily excluded from school attendance	.....	1

PERIODICAL EXAMINATIONS.

Children who improved sufficiently to be transferred to ordinary Schools	55
Children who left at 14 years of age or over and whose physical condition was satisfactory	15†
Children transferred to Residential O.A. Schools	36
Children transferred to Schools for the M.D.	18
Children transferred to Baskerville School	2
Child transferred to School for Deaf	3

† One certified as M.D. for "ascertainment" purposes.

The average length of stay at the School of the above-mentioned children was 20 months.

CROPWOOD RESIDENTIAL O.A. SCHOOL (Accommodation, 80 Girls).

ADMISSION EXAMINATIONS.

No. of children examined	39
No. certified for admission	36
No. to remain at Ordinary Elementary Schools	2
No. temporarily excluded from school attendance	1

PERIODICAL EXAMINATIONS.

Children who improved sufficiently to be transferred to Ordinary Schools	16
Children who left at 14 years of age, or over, whose physical condition was satisfactory	12*
Children transferred to M.D. Schools	2
Children transferred to Day O.A. Schools	7

* Four certified M.D. for "ascertainment" purposes.

The average time spent by children at the Cropwood School was 16 months

HUNTERS HILL RESIDENTIAL O.A. SCHOOL (Accommodation, 120—Boys).

ADMISSION EXAMINATIONS.

No. of children examined	75
No. certified for admission	65
No. to remain at Ordinary Elementary Schools	9
No. to remain in M.D. School	1

PERIODICAL EXAMINATIONS.

Children who improved sufficiently to be transferred to ordinary schools	41
Children who left at 14 years of age, whose physical condition was satisfactory	24
Children transferred to Day (O.A.) Schools	4
Children transferred to M.D. Schools	6
Children who left for miscellaneous reasons	5

The average length of stay at the School of the children referred to above was 16 months.

CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1935

OFFICIAL TABLES

Elementary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	14,367
Second Age Group	13,284
Third Age Group	13,649
Total	41,300

Number of other Routine Inspections

Grand Total	41,300
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B. OTHER INSPECTIONS.

Number of Special Inspections	38,313
Number of Re-Inspections	55,409
Total	93,722

C. CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups :

Entrants	2,778
Second Age Group	2,648
Third Age Group	2,365
Total (Prescribed Groups)	7,791

Other Routine Inspections

Grand Total	7,791
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TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm :				
	(1) Scalp	3	—	86	1
	(2) Body	4	—	198	—
	(3) Scabies	29	2	518	8
	(4) Impetigo	124	1	2,629	—
	(5) Other Diseases (non-Tuberculous)	167	21	4,066	1
Total (Heads 1 to 5)		327	24	7,497	10
Eye	(6) Blepharitis	71	9	475	—
	(7) Conjunctivitis	23	4	579	—
	(8) Keratitis	—	1	15	—
	(9) Corneal Opacities	3	3	51	3
	(10) Other Conditions (excluding Defective Vision and Squint)	25	3	435	2
	Total (Heads 6 to 10)	122	20	1,555	5
Ear	(11) Defective Vision(excluding Squint)	2,002	487	2,110	55
	(12) Squint	344	113	502	5
Nose and Throat	(13) Defective Hearing	103	18	290	1
	(14) Otitis Media	120	13	867	6
	(15) Other Ear Diseases	77	16	569	7
	(16) Chronic Tonsillitis only	178	353	118	10
	(17) Adenoids only	74	46	46	1
	(18) Chronic Tonsillitis and Adenoids	1,661	446	1,185	26
Lungs	(19) Other Conditions	246	24	2,470	1
	(20) Enlarged Cervical Glands (non-Tuberculous)	29	175	529	1
	(21) Defective Speech	61	26	96	13
	Heart and Circulation :				
	(22) Organic	78	48	158	43
	(23) Functional	24	51	44	13
Tuberculosis	(24) Anaemia	279	15	688	1
	(25) Bronchitis	434	43	1,351	4
	(26) Other non-Tuberculous Diseases	30	6	168	—
	Pulmonary :				
	(27) Definite	7	1	14	3
	(28) Suspected	18	7	49	2
Nervous System	(29) Non-Pulmonary :				
	(29) Glands	1	1	10	—
	(30) Bones and Joints	2	4	10	—
	(31) Skin	1	—	—	—
	(32) Other Forms	—	1	5	—
	Total (Heads 29 to 32)	4	6	25	1
Deformities	(33) Epilepsy	18	16	69	21
	(34) Chorea	28	2	234	2
	(35) Other Conditions	48	12	68	4
	(36) Rickets	9	9	6	1
	(37) Spinal Curvature	123	7	58	4
	(38) Other Forms	397	25	279	36
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		823	121	15,146	193
Total		7,664	2,130	36,191	469

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE
YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups	In- spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	14,367	392	2.73	12,396	86.24	1,355	9.46	224	1.57
Second Age-group	13,284	395	2.98	11,432	86.1	1,275	9.55	182	1.37
Third Age-group	13,649	502	3.67	12,102	88.69	936	6.84	109	.8
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total	41,300	1,289	3.11	35,930	87.02	3,566	8.63	515	1.24

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Total.
Blind.		At Certified Schools for the Blind At no School or Institution	32 —
Partially Sighted.		At Certified Schools for the Blind At Certified Schools for the Partially Sighted..... At Public Elementary Schools	29 107 1
		At other Institutions	1
		At no School or Institution	—
Deaf		At Certified Schools for the Deaf At no School or Institution	101 —
Partially-Deaf.		At Certified Schools for the Deaf At Public Elementary Schools	35 2
		At no School or Institution	—
Mentally Defective		At Certified Schools for Mentally Defective Children	1361
		At Public Elementary Schools	46*
		At other Institutions	37
		At no School or Institution	2
Epileptics	Suffering from severe epilepsy.	At Certified Special Schools At Public Elementary Schools	12 1
		At no School or Institution	2
Physically Defective	Suffering from pulmonary tuberculosis.	At Public Elementary Schools	16
		At Sanatoria approved by the Ministry of Health	69
		At no School or Institution	—

* Certified as mentally-defective and awaiting admission to Special Schools. There are in addition 326 children in attendance at Public Elementary Schools who have been reported as probably mentally-defective and who await examination.

TABLE III. *Contd.*—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Physically Defective.			Total.
	Suffering from non-pulmonary tuberculosis	At Certified Special Schools	57
		At Public Elementary Schools	27
		At other Institutions	32
		At no School or Institution	1
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools	591
		At Public Elementary Schools	84*
		At other Institutions	4
		At no School or Institution	13
	Crippled Children (other than those diagnosed as tuberculous and in need of treatment for that disease).	At Certified Special Schools	191
		At Public Elementary Schools	—
		At other Institutions	—
		At no School or Institution	10
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools	133
		At Public Elementary Schools	18
		At other Institutions	4
		At no School or Institution	6

* Awaiting admission to Open Air Schools. In addition there are 165 children attending Public Elementary Schools who have been reported for examination with a view to admission to Open-Air Schools.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31ST DECEMBER, 1935.

TREATMENT TABLES.

Group I.—*Minor Ailments* (excluding Uncleanliness, for which see Table VI.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
<i>Skin—</i>			
Ringworm-Scalp :			
(i). X-Ray Treatment	44	—	44
(ii). Other treatment	37	1	38
Ringworm-Body	185	1	186
Scabies	398	18	416
Impetigo	2,812	20	2,832
Other Skin Disease	3,910	91	4,001
<i>Minor Eye Defects</i>	1,382	63	1,445
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	1,795	101	1,896
<i>Miscellaneous</i>	10,298	449	10,747
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	20,861	744	21,605

TABLE IV. (Contd.)

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	3,720	383	4,103
Other defect or disease of the eyes (excluding those recorded in Group I)	17	21	38
Total	3,737	404	4,141
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed	3,357	364	3,721
(b) Obtained	3,339	357	3,696

Group III. Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
4	3	1,263	22	48	10	501	54	52	13	1,764	76	2,324	4,229

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (*Contd.*)*Group IV. Orthopaedic and Postural Defects.*

	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	162	12	2,622	36	12	89	2,933

TABLE V. DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :

(a) Routine age-groups.

Age :		
Routine Age Groups	5	12,490
	6	10,968
	7	12,099
	8	11,994
	9	12,077
	10	12,712
	11	12,170
	12	12,010
	13	12,556
	14	1,277
		Total 110,353
(b) Specials	.....	201
(c) Total (Routine and Specials)	.....	110,554

(2) Number found to require treatment 73,250

(3) Number actually treated 37,192

(4) Attendances made by children for treatment 44,198

(5) Half-days devoted to { Inspection 569 } Total 3,620.
 { Treatment 3,051 }

(6) Fillings { Permanent Teeth 16,821 } Total 17,378.
 { Temporary Teeth 557 }

(7) Extractions { Permanent Teeth 20,307 } Total 93,587.
 { Temporary Teeth 73,280 }

(8) Administrations of general anaesthetics for extractions 20,500.

(9) Other Operations { Permanent Teeth 2,612 } Total 6,346.
 { Temporary Teeth 3,734 }

TABLE VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the year by the School Nurses.....11'23.
- (ii.) Total number of examinations of children in the Schools by School Nurses.....416,184.
- (iii.) Number of *individual* children found unclean.....13,199.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority.....535.
- (v.) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921.....Nil.
 - (b) Under School Attendance Byelaws.....70.

SECONDARY SCHOOLS
AND
OTHER INSTITUTIONS FOR HIGHER EDUCATION

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1935, TO 31ST DECEMBER, 1935

Number of Routine Medical Inspections	.....	.....	.....	.....	.....	6,905
Number of Special Medical Inspections	.....	.....	.....	.....	.....	214
Number of Re-inspections	.....	.....	.....	.....	.....	746
Total	.....	.....	.....	.....	.....	<u>7,865</u>
Number of Individual Children found to require Treatment.....	.....	.....	.....	.....	.....	1,230
Percentage of Children found to require Treatment	.....	.....	.....	.....	.....	15.65

TABLE II. (SECONDARY SCHOOLS).

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm :				
	(1) Scalp	—	—	—	—
	(2) Body	1	—	—	—
	(3) Scabies	1	—	—	—
	(4) Impetigo	—	—	—	—
	(5) Other Diseases (non-Tuberculous)	39	4	9	—
	Total (Heads 1 to 5)	41	4	—	—
Eye	(6) Blepharitis	13	1	—	—
	(7) Conjunctivitis	1	—	—	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	—	1	—
	(10) Other Conditions (excluding Defective Vision and Squint)	2	—	1	—
	Total (Heads 6 to 10)	16	1	2	—
Ear	(11) Defective Vision(excluding Squint)	534	149	50	27
	(12) Squint	8	3	1	2
	(13) Defective Hearing	4	3	—	1
	(14) Otitis Media	15	6	7	—
	(15) Other Ear Diseases	10	1	3	3
Nose and Throat	(16) Chronic Tonsillitis only	14	33	1	1
	(17) Adenoids only	6	3	—	—
	(18) Chronic Tonsillitis and Adenoids	53	32	14	2
	(19) Other Conditions	40	5	5	—
	(20) Enlarged Cervical Glands (non-Tuberculous)	1	3	2	1
	(21) Defective Speech	2	5	1	—
Heart and Circulation	Heart Disease :				
	(22) Organic	6	17	—	6
	(23) Functional	5	7	—	2
	(24) Anaemia	49	—	3	—
Lungs	(25) Bronchitis	11	1	1	—
	(26) Other non-Tuberculous Diseases	8	4	1	—
	Pulmonary :				
	(27) Definite	—	—	—	1
	(28) Suspected	—	4	—	3
Tuberculosis	Non-Pulmonary :				
	(29) Glands	—	—	—	—
	(30) Bones and Joints	—	1	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
	Totals (Heads 29 to 32)	—	1	—	—
Nervous System	(33) Epilepsy	—	—	—	—
	(34) Chorea	—	5	—	1
	(35) Other Conditions	2	—	—	—
Deformities	(36) Rickets	—	2	1	—
	(37) Spinal Curvature	65	13	—	—
	(38) Other Forms	250	18	13	13
	(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	130	16	34	17
	Total	1,270	336	148	80

TABLE IV. (SECONDARY SCHOOLS)—RETURN OF DEFECTS TREATED
DURING THE YEAR ENDED 31ST DECEMBER, 1935.

TREATMENT TABLE.

Group I. Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin —</i>			
Ringworm-Scalp :			
(i) X-ray Treatment	—	—	—
(ii) Other	—	—	—
Ringworm-Body	—	—	—
Scabies	2	—	2
Impetigo	5	1	6
Other skin disease	21	10	31
<i>Minor Eye Defects</i>	3	4	7
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	24	11	35
<i>Miscellaneous</i>	35	24	59
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	90	50	140

TABLE IV. (SECONDARY SCHOOLS) (*Contd.*)

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	135	261	396
Other defect or disease of the eyes (excluding those recorded in Group I)	1	—	1
Total	136	261	397
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total
(a) Prescribed	135	244	379
(b) Obtained	135	289	424

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)						(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	7	1	1	—	22	6	1	—	29	7	21	58

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (SECONDARY SCHOOLS) (*Contd.*)*Group IV.—Orthopaedic and Postural Defects.*

	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	—	—	74	—	—	1	75

TABLE V. DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were :—

(i) Inspected by the Dentist :
Aged :

Routine Age Groups	10	22	Total 4,121
	11	390	
	12	794	
	13	901	
	14	1,021	
	15	827	
	16	130	
	17	31	
	18	5	

(ii) Found to require treatment 2,767

(iii) Actually treated 542

(2) Half-days devoted to { Inspection 17
Treatment (Carried out in conjunction with work for Elementary Schools).

(3) Attendances made by children for treatment 590.

(4) Fillings { Permanent teeth 453 } Total 455.
{ Temporary teeth 2 }(5) Extractions { Permanent teeth 564 } Total 707.
{ Temporary teeth 143 }

(6) Administrations of general anaesthetics for extractions 253.

(7) Other operations { Permanent teeth 86 } Total 94.
{ Temporary teeth 8 }

